

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 21 1933

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

29986

## 1. PLACE OF DEATH

County Laurie  
 Township Buckhorn  
 City Marionville (No. \_\_\_\_\_)

Registration District No. 468  
 Primary Registration District No. 4281

File No. \_\_\_\_\_  
 Registered No. 24 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Martha Frances Clarkson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 5th 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 6 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME John Clarkson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England15. MAIDEN NAME Felora Puckett16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England17. INFORMANT Mrs. Frank James (ADDRESS) Marionville

18. BURIAL, CREMATION, OR REMOVAL

PLACE Protem Mo. DATE 9/29 193319. UNDERTAKER A. S. Wallace (ADDRESS) Marionville Mo.20. FILED Oct. 6 1933 Laura O. Cammady Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 193322. I HEREBY CERTIFY, That I attended deceased from June 20th 1933 to Sept 27 1933I last saw him alive on Sept 27 1933. Death is saidto have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic MyocarditisDate of onset 1924

Other contributory causes of importance:

73 C

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

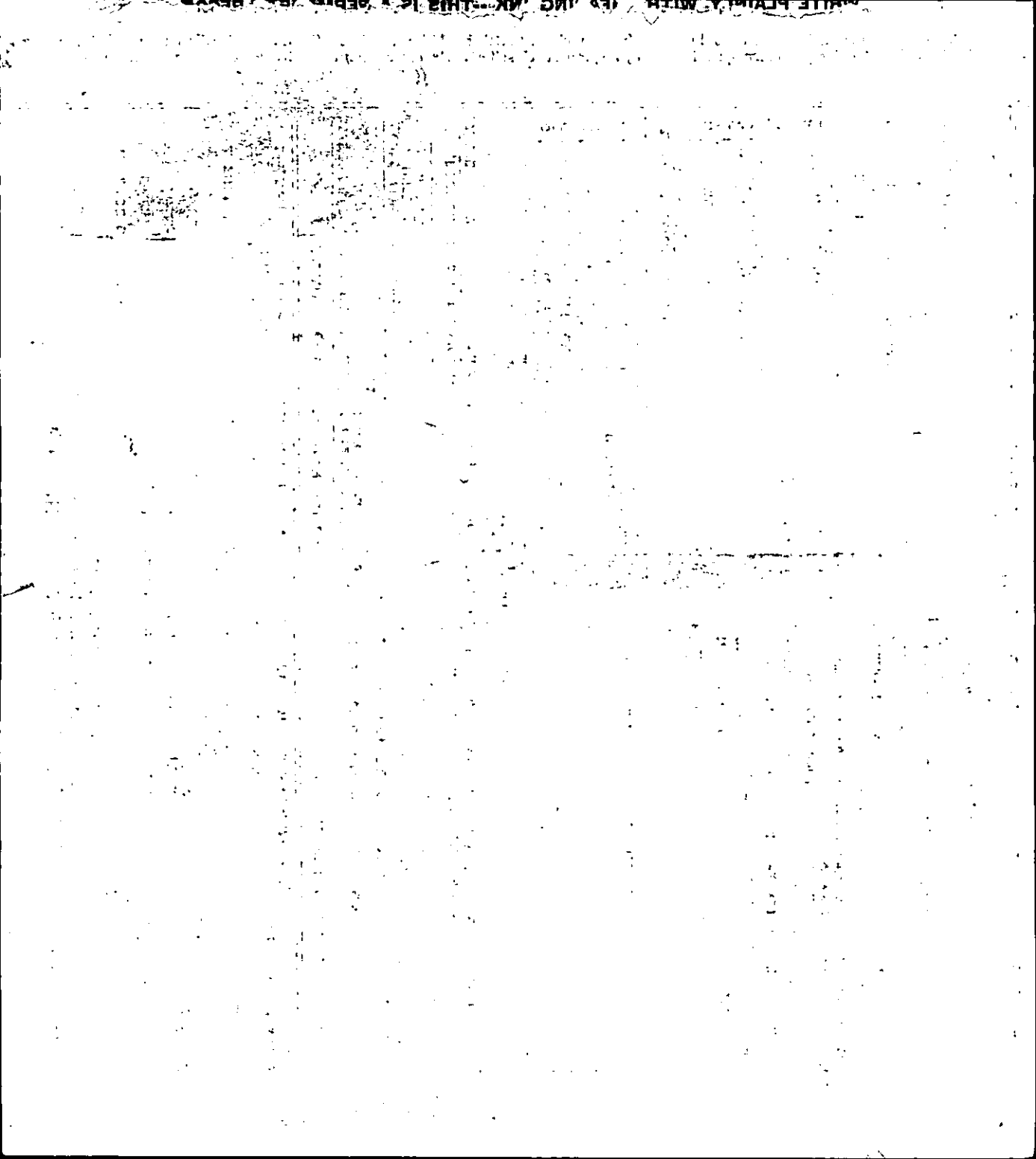
Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) F. W. Lester \_\_\_\_\_, M. D.(Address) Marionville Mo.



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County Lawrence  
 Township Marionville  
 City Marionville

Registration District No. 468  
 Primary Registration District No. 4281

File No. ....  
 Registered No. 24 St. .... Ward)

## 2. FULL NAME

Benjamin Franklin Clarkson

(a) Residence, No. .... St. .... Ward.  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

m

## 4. COLOR OR RACE

w

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

w

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

## 13. NAME

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

## 15. MAIDEN NAME

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

## 17. INFORMANT (ADDRESS)

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19.

## 19. UNDERTAKER (ADDRESS)

## 20. FILED

Oct 6

1935

Laura O. Cunniff  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said

to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... , M. D.

(Address) .....

S-29986